



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**0810630.06**

mstratton  
ASN

Alison Lundergan Grimes  
 Kentucky Secretary of State  
 Received and Filed:  
 10/19/2016 9:21 AM  
 Fee Receipt: \$20.00

**Division of Business Filings**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Assumed Name**  
**(Domestic or Foreign Business Entity)**

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Salon de Sol

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: I Heart My Nails, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |  |  |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership                  | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership        | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership                  | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                       | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                          | <input type="checkbox"/> a Foreign Corporation                   |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
 (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

109 Purebred Court Frankfort Kentucky 40601

Street Address or Post Office Box Numbers

City

State

Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Missy Lynn Perkins  
 Authorized Party Signature

Missy Lynn Perkins  
 Printed Name

Member/Registered Agent  
 Title

10-14-16  
 Date